

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09925932

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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47	/					
48						
49		31				
50	/					
TOTAL IND.	7					
TOTAL DEP.	52					
TOTAL CLAIMS	59					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.	7					
TOTAL DEP.	53					
TOTAL CLAIMS	60					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Best Available Copy